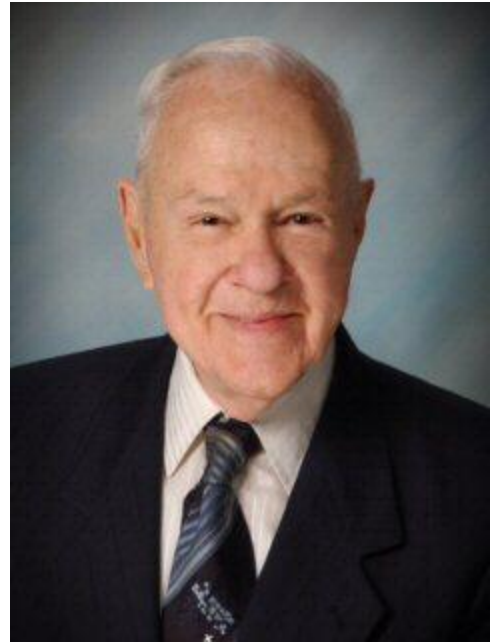


Rodney Stockton's Aloe Research Packet

PREAMBLE

Mr. Rodney Stockton liked to provide every new customer with an aloe vera gel "Information Packet". He kept hundreds of these packets ready to give to anyone needing to learn more about the benefits of aloe vera gel. Some of the copies were 8th, 9th, and 10th generation copies made in years when copy machines didn't copy so well. Some of these "original copies" were made when copy machines used thermal paper! Born in the 1910's, Rodney Stockton didn't have the technology to make this content as available to the world as we do today. We have taken the time to meticulously type his information packet out and make it available on the internet.

Laws that govern the advertisement and sales of nutrition products have changed over the years. Some of the content provided by Mr. Stockton may not adhere to current FDA standards. This is provided only for historical informational purposes. As far as we know:



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**Rodney M. Stockton presented research
to:**

**Dr. Barbara Moulton M. D. And eight
doctors of the FDA January, 1959**

**35 of the top Joint Chiefs of Staff of the
Joint Armed Services Medical Division**

**"I was asked to present the research to
Admiral Frank D. Voris M.D., for his final
approval" (Rodney Stockton)**

This research applies only to the genuine Aloe Vera (gel) from the botanical gardens of Albert A. Caves of Homestead, Florida at his death, I Rodney M. Stockton bought all the Aloe Vera plants both small and mature with my personal check.

NEW CLINICAL RESEARCH PROVES ALOE VERA GEL GOES TO EVERY CELL IN YOUR BODY AND KEEPS EVERY ORGAN FUNCTIONING

CAN HELP PRESERVE ORGAN FUNCTION AFTER MASSIVE DEADLY AMOUNT OF BLOOD LOSS

The Aloe Vera Gel can help keep alive trauma victims such as battlefield casualties until they can get a blood transfusion.

Researcher stated just a nominal amount of the Aloe Vera Gel helps counteract the most massive deadly amount of blood loss.

"Soldiers wounded in combat often lose significant amounts of blood, and there is no practical way to replace the necessary amount of blood fast enough on the front line. When this happens, there is inadequate perfusion of the organs which quickly leads to a cascade of life-threatening events," said Dr. Mitchell Fink.

Trauma is the leading cause of death for people under the age of 40 in the United States, killing 150,000 people a year. Loss of blood accounts for nearly half these deaths.

This research project was funded by a Defense Advanced Research Projects Agency, and sponsored by Dr. Mitchell Fink, University of Pittsburg. The research was led by Kameneva, an artificial blood expert.

REUTERS USA: July 27, 2004 revised

This proves Aloe#1® previous research on how effective the Genuine Aloe #1® Aloe Vera Gel Health Drink® (Barbadosis-Miller-Stockton™ Specie) is in reaching all cells and organs of the body to heal and keep them functioning properly.

ANTI-VIRAL ACTIVITY OF

ALOE #1® GENUINE ALOE VERA GEL

BEWARE: There are 180 Species of the ALOE Plant and 2200 varieties. From my 50 years of growing and formulating with the GEL of this plant I would estimate that most of the Consumer products on the market today contain an ALOE that has no proven Clinical or Medicinal properties.

GENUINE ALOE #1® ALOE VERA PLANT & GEL is known as the BARBADENSIS-MILLER-STOCKTON™ SPECIE which I have been growing and researching for fifty (50) years. It is a natural food product.

Our GENUINE ALOE #1® ALOE VERA GEL HEALTH DRINK® is non-toxic, and there are no known side-effects even if you drink an excessive amount of the GEL tested by a laboratory in New York.

The GENUINE ALOE #1® ALOE VERA GEL HEALTH DRINK® gives one a lot of energy, especially after the first 60 days, but it is often noticed within the first 30 days. It appears to build-up the immune system rather rapidly and the body takes over.

Clinical tests performed by an Independent Laboratory in Palm Beach, FL several years ago at my request showed that the GENUINE ALOE #1® ALOE VERA GEL killed ten viruses which we obtained from Holy Cross Hospital. This test proved that the GENUINE ALOE #1® ALOE VERA GEL inhibits the growth of viral infections. Based on published reports other Researchers have also proved that the Gel killed viruses, even the measles virus 100% with no damage to the human cell.

In addition to the anti-viral activity, it was found that the GENUINE ALOE #1® ALOE VERA GEL also has Mitogenic activity, that stimulates the replication and Metabolic activity of those white blood cells which regulate the immune system. Macrophage cells circulate throughout the body and recognize the invading organism and sends a chemical message (Interleukin #1) to other cells known as T-4 Helper cells, which in turn stimulates the other white blood cells to produce antibodies and attack the invading organism.

Macrophage cells are capable of actually surrounding, ingesting and destroying the invading organism.

The GENUINE ALOE #1® ALOE VERA GEL is chemically designated as a special sugar chain. (0 Carbohydrate)

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Dr. James Barrett Brown M.D. F.A.C.S. Was the First to Discover That Aloe #1 Could Heal and Eliminate Cancer

I didn't believe Dr. James Barrett Brown M.D.'s story as he accused me of withholding important medical information from the medical profession. Dr. James Barrett Brown M.D. stated that he completely eliminated all signs of cancer from physician's hands in Hannibal, Missouri.

Dr. James Barrett Brown M.D. asked me to come to St. Louis to his office and he would prove to me that the physician's hands were eaten up from cancer due to carelessness and using x-ray machines. He treated the gentleman initially with our Aloe ointment and told him to continue to do so and return to his office in 30 days.

The patient from Hannibal, Missouri called back within 10 days and requested an appointment because his hands were healing so quickly. By the time Dr. James Barrett Brown M.D. could see him, his hands were completely healed with no scarring or signs of cancer.

I immediately made a trip to St. Louis to see Dr. James Barrett Brown M.D. The first day Dr. James Barrett Brown showed me his medical facilities and 8'10 pictures of the patient hands on his initial visit to his office.

That evening Dr. James Barrett Brown M.D. invited the physician from Hannibal, Missouri and me to have dinner together at his club.

I personally examined the hands of the doctor in Missouri and found no scar tissue and even his finger prints were not distorted from the cancer.

The next morning Dr. James Barrett Brown M.D. was prepared to announce that he had found the answer to eliminate cancer. I pleaded with Dr. James Barrett Brown M.D. that the announcement was premature because we didn't have enough of this particular species to make an announcement at his time. Dr. James Barrett Brown M.D. then relented and advised that for posterity he was going to publish medical information "The Annals of Surgery" & "Cancer Magazine". This he did as per copies enclosed.

Dr. James Barrett Brown M.D. was a member of the **ARGONNE** Cancer Research Hospital at the University of Chicago for the US Atomic Energy Commission. Dr. James Barrett Brown, M.D. was the one who telephoned me to rush 100 pounds of our Aloe ointment to the US Atomic Energy Commission Hospital to treat Robert Carpenter who was hit by a 10 million linear volt at the mid-west plant.

SEE COPY OF REPORTS IN THIS MANUAL

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From "ANNALS OF SURGERY" VOL. 162 No. 3 p. 435 September 1965

HIGH ENERGY ELECTRON INJURY

(cont.) ..."It was not done because her arm was not swollen, and it was thought that manipulation around the axilla in getting a flap in place might result in a less favorable circulation in the arm. This equivocal point had been brought about because in an earlier attempt at restoration (elsewhere) a flap did not survive. This left still more scar around the area, precluding the use of the most likely pedicle for a flap. The patient had been operated upon and treated by radioactive cobalt and is still free of cancer after 10 years. Such losses and such efforts to get them repaired are worthwhile if otherwise fatal cancer has been controlled as in this patient.

The patient in Figure 10 has a still wider-spread radiation burn occurring on both sides of the neck and down onto the adjacent thorax. This patient has not developed slough but has the typical chronic burn. She is shown following complete excision of the area in three stages and substitution of the thick split grafts without the need of a flap.

It is true, in all radiation burns, that free skin grafts may suffice if they can find enough blood supply to "take." They are usually serviceable, give the best results and are the least troublesome for the patient. There is no reason to believe, however, that a free graft will work if a thicker supply is needed to protect the defect, and it is usually thought that an exposed point of maximum impulse of the heart, or pericardium, or pleura or lung would need a flap coverage.

An important point is that these can be done in stages and do not have to have a complete flap repaired immediately. If on the other hand, for exposed or open pericardium or pleura and immediate flap can be done, it can be put in place in a single or double-stage procedure.

Aloe Vera gel for chronic radiation burns is worthwhile, with a tendency for the Aloe Vera to check keratotic development if it is started early. This is an old treatment we have used, borrowing the Aloe Vera leaves from the Missouri Botanical Garden (Shaw's Garden) and putting the fresh leaf gel on the wound. Now the Aloe Vera gel can be obtained as Aloe Cream Ointment *** with 55 percent gel in it, and it can be used with advantage on all radiation lesions, with the qualification that if sensitivity occurs it can be discontinued. There are instances of physicians' hands that have been cared for with Alo Ointment or with the pure fresh gel; widespread resection and operation thus have been avoided, although it is not certain that this advantage will last throughout their lives. At least there is indication that the Aloe Vera gel may bring about a reversal of the keratotic tendency of typical chronic radiation burns if started early and continued.

A summary of radiation lesions of the chest and neck is the same as in any area of the body - that they will probably need to be resected and repaired either with free grafts or with flaps. The lesions on the chest have the added difficulty of the possible exposure of pleura pericardium lung or the heart. In these instances a flap is nearly always indicated and it can be the most direct type of flap which is a short, broad, blood-carrying flap with a permanent pedicle that is not interrupted after the flap has grown in place.

Pain can be excessive in radiation injuries but usually as soon as the patient is awake he will make it known that the pain is gone, although he may be having new pain from the operation. At least the deep, boring pain is relieved by the resection. It is best if the defect can be covered by an immediate graft or flap but, as noted, these procedures may be done in stages with the wounds left open temporarily.

Diagnosis becomes particularly important when there is delay. There is some"...

*** Aloe Creme Laboratories, Fort Lauderdale, Florida

James Barrett Brown, M.D., F.A.C.S.

Compliments of Aloe #1 Laboratories 750 NW 38th Street Oakland Park, FL 33309

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Prevention and Treatment of Radiation-Induced Cancer, Including Pure Atomic and Cathode-Ray Lesions

Use of Aloe Vera

James Barrett Brown, M.D., F.A.C.S.

Washington University School of Medicine and Barnes Hospital, St. Louis, Mo.

Mr. Rodney Stockton spent some time with Dr. James Barrett Brown, M.D., F.A.C.S. Dr. Brown was a well known plastic surgeon. Dr. Brown was first licensed in Missouri in 1923. He gained much surgical experience repairing damaged tissues to World War II injuries. Dr. Brown's research work has been extensively published. He has authored several books in the area of plastic surgery. He has been member of and served in office of several important surgical organizations. For all practical purposes, Dr. Brown's credentials are too numerous to document.

Dr. Brown researched radiation burns as it related to their surgical repair and post surgical recovery as well as the long term effects that the radiation damage would inflict including potential future cancers. He was amazed at the results obtained in treating radiation burns with an aloe vera gel product developed by Mr. Rodney Stockton. He had this to say regarding the results:

"The use of aloe vera on radiation burns has been advocated for many years. We formerly obtained the thick leaf with its natural soothing gel from the Missouri Botanical Garden (Shaw's Garden) here in St. Louis, split it open and applied the fresh gel of the leaf directly to the area.

This use of the aloe vera leaf has been replaced by use of Alo Ointment (55% aloe) as supplied by the Aloe Crème Laboratories, Inc., Fort Lauderdale, Florida, in the past few years. It provides a constant supply, is easily handled and applied, and is productive of relief from pain and itching. It tends to keep down keratosis and ulceration; these effects may tend to slow up, and possibly prevent, changes toward malignancy. We have many patients who have obtained marked relief from pain, cracking, and keratosis of such radiation burns. These include cases of physicians' hands burned in their own work, and burns from treatments given over the face and elsewhere"

We have recovered this excerpt of Dr. Brown's impressions of the use of aloe vera gel, however, have been unable to find the original source. We have seen it inserted into a publication from the American Cancer Society "[A Cancer Journal For Clinicians](#)" Vol 14, pages 14-15 1964, however, the text does not appear in the original article. We have additionally located this excerpt on the internet as part of a collection of research as it pertains to Aloe Vera Gel. At this time, we have not been able to determine the original location where Dr. Brown's experience with Mr. Stockton's aloe vera gel cream has been published. Because Dr. Brown has such an extensive publication list, we suppose it might be some time until we verify his statements.

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RADIATION VICTIM Entire Body Exposed to 10 Million Linear Accelerated Bolt

NEWS From ALOE CREME LABORATORIES, March 12, 1965

Most Effective Medication in Atomic Age - ALO-OINTMENT (55% aloe)

Aloe Creme Laboratories, Inc. was alerted by the world's foremost atomic burn specialist immediately following the unfortunate radiation accident reported in the reprint below, released by UPI. ALO-OINTMENT (55% aloe) was rushed to the scene by special request of the team of doctors assigned to this case at the Argonne Cancer Research Hospital operated by the University of Chicago for the United States Atomic Energy Commission.

Medically, this is the most IMPORTANT CASE in this atomic age because this burn victim received the same kind of burn millions would receive during an ATOMIC BOMB EXPLOSION.

The victim's entire body was exposed to radiation from a 10-million-bolt linear accelerator for about four or five seconds.

This case is being watched by doctors all over the world. Over the next several months, special reports will be published in leading medical journals on this case. Aloe Creme Laboratories will receive proper credit for its important role in supplying ALO-OINTMENT (55% aloe) for the treatment of this burn victim.

Latest reports are that the patient is progressing nicely with very little discomfort, without the use of sedation. As these medical reports are published, we will send you re-prints for your files.

For your confidential information, enclosed is a reprint of a medical paper published by The American Cancer Society on the effective use of ALO-OINTMENT (55% aloe). This report is by Dr. James Barrett Brown, the inter-nationally known plastic surgeon and present Chief Consultant in plastic surgery to the Surgeon General of the United States Air Force, Veterans Administration and Senior Civilian Consultant in Plastic Surgery to the Surgeon General of the United States Army.

Reprint From: Fort Lauderdale Sun-Sentinel February 19, 1965

Radiation-Exposed Man Listed 'Good'

CHICAGO. (UPI) - A man exposed to high radiation was reported in good condition in the University of Chicago medical center Friday. Doctors watched his case closely because he suffered the same kind of burns millions might receive during an atomic bomb explosion.

Robert Carpenter, 42, Rockford, Ill., was exposed to radiation from a 10-million-bolt linear accelerator for about four or five seconds Thursday when he stepped into a room in which the accelerator was located.

His whole body was exposed to radiation, and his right hand was touched by the electronic beam itself. The hand was severely burned.

Most of the team caring for Carpenter are assigned to the Argonne Cancer Research Hospital operated by the University of Chicago for the U.S. Atomic Energy Commission.

The team issued the following statement about Carpenter:

"His condition is good at this time. His temperature is normal and his blood counts are normal. He received a large exposure to the skin of his right hand and he is being treated for this condition."

Physicians and physicists were trying to reconstruct what happened Thursday at the Midwest irradiation Center, Rockford which Carpenter manages. Carpenter told them he stepped into the room, and as soon as he realized the machine was on, he fled.

The experts said they were trying to determine where Carpenter was standing at the time he received the exposure. He was flown by chartered plane to Chicago.

The linear accelerator was described as an atom-splitting machine in which electrons particles of an atom, are set free from the atom and accelerated at speeds of up to 186,000 miles a second down a long tube. These electronic "bullets" can be used for such things as sterilizing food.

SAME KIND OF BURN RECEIVED FROM AN ATOMIC BOMB

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FDA RESEARCH SUBMITTED BY 8 DOCTORS AS FOLLOWS

FDA presented to the top medical chiefs of armed services. Only 1 Doctor out of 35 or 40 questioned anything about the research. The one Doctor Kernel Gold, of Cincinnati questioned how a wound could heal so quickly without bringing the two edges of a wound together. There was a course of protests against his questions as the research clearly proved the wound healed - **from deep down in the tissue.**

I was then asked to set up an appointment with Admiral Frank D. Voris M.D. for his approval and this was quite an accomplishment. **I was inducted into Aerospace Branch, Aerospace Medical Association.**

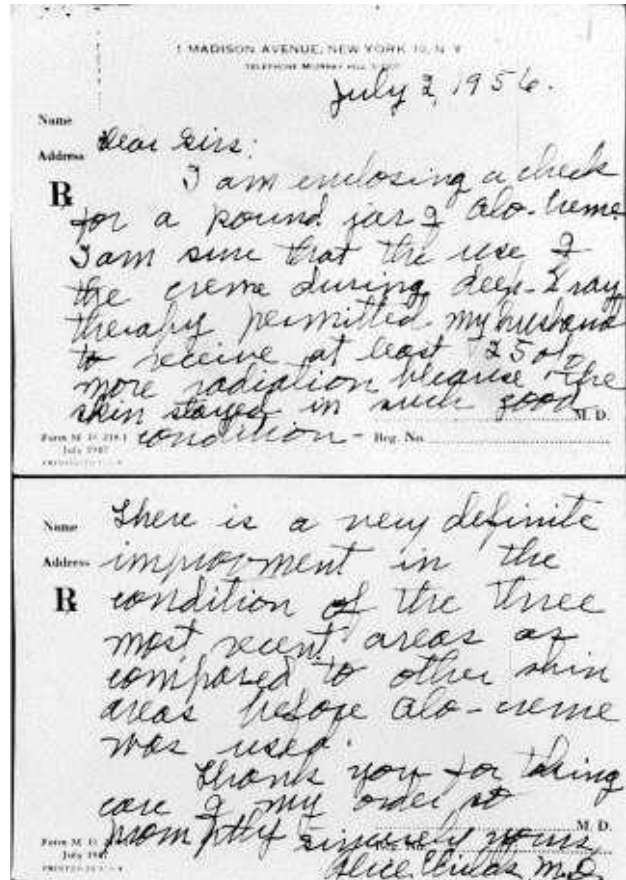
During the Cold War in Russia, I served under Frank D. Voris M.D., and was seated at his table of all medical meetings until the wall in Germany came down. My job was to stock pile our **ALOE #1 YOUTH DERM OINTMENT®** IN EVERY BOMB SHELTER IN THE COUNTRY as Admiral Frank d. Voris M.D. deemed it was necessary.

One of our famous Astronauts personally wanted to tell me how fantastic the healing was in outer space with our **ALOE #1 YOUTH DERM OINTMENT®**.

Aloe Youth Derm Ointment Testimonial

The following note was written on two pieces of a doctors medical prescription pad marked "Form M D 215-1 July 1947 PRINTED IN U.S.A.". Dr. Alice Eliclas, M.D. from 1 Madison Avenue, New York 10, NY TELEPHONE MURRAY HILL 3-7000 refers to aloe-creme. Alo was Mr. Stocktons early product name. The same product referred to on this script is now known as Aloe #1® Youth Derm Ointment® and is still available from Stockton Aloe 1, Inc.

Mr. Stockton adds these notations: "Radiation Chemo-Therapy 25% more radiation. Skin still in good shape" and "Doctors do not give excessive chemo when patient is consuming Aloe #1® aloe Vera Gel Health Drink®" An attached note states: "James Brown Treated persons Healing letters". I assume Mr. Stockton is referring to Dr. James Barratt Brown M.D. and this is possibly related to a referral by Dr. Brown.



July 2, 1956 Dear Sirs: I am enclosing a check for a pound jar of Alo-Creme. I am sure that the use of the creme during x-ray therapy permitted my husband to receive at least 25% more radiation because the skin stayed in such good condition. There is a very definite improvement in the condition of the three most recent areas as compared to other skin areas before alo-creme was used. Thank you for taking care of my order so promptly. Sincerely yours, Aloce Eliclas, M.D.

PREAMBLE

EXPERIMENTAL THERMAL BURNS

We were unable to locate the original publisher of this document and chose to reproduce this important document to preserve the information. We were unable to locate the next page and additional references if they exist.

the rapid regeneration of tissue, and healed twice as fast as the controls, and healed without scar tissue,... even in the case of a third degree burn. It further showed that the eschar forms and separates microscopically in 24 to 48 hours, and grossly separates in 10 to 14 days, when the skin was not treated with the aloe ointment.

Based on this clinical research, I developed a more lotion-type of ointment, Aloe Relief, for sunburn, where it can easily be smoothed on a severe sunburn.

Aloe #1® Youth-Derm-Relief, when applied to a fresh sunburn, almost instantly relieves the pain and dissipates the heat. In some cases, the Aloe #1® Youth-Derm-Relief relieves the pain and dissipates the heat so rapidly, it can cause a chill.

Reprinted from Industrial Medicine and Surgery, 28:8, 364-368, August, 1959
(Copyright, 1959 Industrial Medicine Publishing Company)
Compliments of Aloe #1®
Ft. Lauderdale, Florida 33310

EXPERIMENTAL THERMAL BURNS

- B. Rovatti, M.D. and
- R.J. Brennan, M.D.

A comparative study of the immediate and delayed histopathological changes of the skin in untreated and treated thermal burns.

It is well known that approximately one week after a minor thermal burn, an eschar begins to separate. However, there is little if any description in the literature of the successive microscopic changes as they develop during the first 48 hours. The extent of the damage ordinarily is determined at the time of injury. Our study of the timing of subsequent histopathological changes in the early hours and days following thermal burns suggests that early medical treatment could modify some of these early changes and prevent some of the later changes.

The purpose of this study was to determine, with serial biopsies, the progressive skin changes in thermal burns from the time of burning to the end of the pathological and healing process. The available literature primarily is concerned with the terminal effects of burns without particular study of the timing and characteristics of the early histopathological changes. This is reflected in the common classification of burns. According to the general classifications, first degree burns involve the epidermis, dissecting mostly the outer layers with vesication, hyperemia and slight edema of the dermis. Second degree burns more seriously involve the dermis with damage to the capillaries, hair follicles and sweat glands, with considerable edema of the dermis. In third degree burns the damage involves the entire thickness of the skin.

The process of gradual formation of the eschar has been followed in these experiments, examining the gross and microscopic changes step by step after establishing a definite procedure to provide (1) a controlled procedure of burning, (2) a close examination of the initial damage to the skin structures, (3) the timing of subsequent histopathological changes in the early hours and days following burning, (4) an insight into factors to be corrected and possibly prevented by the early treatment of thermal burns and (5) a uniform method to evaluate the efficacy of early therapeutic measures.

Experimental Procedure

Albino rabbits weighing six to seven pounds were kept on a standard diet to ensure a homogenous group. In this preliminary experiment 6 animals were then selected and the skin of the back was epilated over four by four cm area 24 hours before producing a thermal burn. The burning instrument was a steel plate 43 mm in diameter, four mm thick, with a steel handle measuring 12 cm in length and 9 mm in diameter arising from the center. The handle was insulated with glass wool. To heat the instrument, a propane gas reducing flame 25 mm long was used. The plate was held at the tip of the reducing flame for one minute. Between successive burns the plate was immersed in water until cold to touch. The heated plate was applied to the un-anesthetized skin for 2 seconds

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using slight pressure to assure contact of the entire burning surface of the plate to the epilated skin. All animals thus received identical burns -- and on two sides. Biopsy specimens were taken from the burned area at intervals of one half hour, one hour, two hours, six hours, 24 hours, 48 hours, four days, six days, 10 days, 12 days, 14 days, 18 days, 25 days, 29 days, and 35 days, which was grossly the end of the pathological process.

Experimental Findings in the Untreated Group

When no treatment was given, immediately after the burning, the skin appeared grayish white with smooth edges. In the first six hours the color remained the same but the burned area became diffusely edematous with slight elevation of the edges. After 24 hours the burned area was brownish and the surrounding un-burned skin appeared erythematous. After 48 hours the burned area was dry and brown and the surrounding unburned skin was markedly congested. During the following days the thermally injured skin became drier and harder until, on the 10th day, the edges began to curl and dissect from the underlying tissue. The complete eschar separated on the 13th or 14th day. The burned area in all animals were healed by firm, pearl white adherent scars by the 29th day.

The microscopic examination of the histopathological changes showed that during the first 30 minutes after the burning the epidermis became partially dissected and the upper layers of the dermis showed diffuse thermal coagulation. Red thrombi were found in the deeper layers of the dermis while a perivascular inflammatory reaction began to develop (figure 1). Numerous spaces retaining fluid, following thermal coagulation and development of edema were present in the dermis after one hour. After two hours there was evidence of severe damage of the follicular structures, while numerous thrombosed capillaries were present in the dermis. After six hours the entire dermis appeared markedly dehydrated and numerous round cells infiltrated the deep dermis. After 24 hours the coagulated upper layers of the dermis tended to dissect and large eschar from the deeper layers of the dermis were a marked inflammatory reaction was present (figure 2). After 48 hours the process of dissection of the upper layers of the dermis was definitely more advanced than after 24 hours. At this time the deeper layers of the dermis showed polymorphonuclear infiltration, microscopic debridement and in some areas entire loss of structure. Microscopically up for days the eschar formed by the upper layers of the dermis was entirely separated and showed a patchy irregular staining. After six days the deep dermis showed a loose structure with abundant perivascular infiltration and numerous capillary thrombi. At 10 and 12 days the fragments of amorphous material arising from the thermally damaged the dermis were invaded by an abundance of leukocytes, the picture being probably one of dry necrosis of the eschar and partly one of microscopic colliquation and softening of the deep dermis. After 14 days the appearance of the dermis was that of an arborescent structure of dissociated collagen branches undergoing partial autolysis (figure 3). After 18 days the image of arborization markedly changed, owing to a process of small fragmentation

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in which the tissue lost structure and stainability and underwent a process of debridement (figure 4).

Preliminary Experiments on Medications

In our experiments on untreated thermal burns, gross and microscopic observations showed that the eschar forms and separates microscopically in 24 to 48 hours and the eschar separates grossly in 10 to 14 days. We therefore undertook a comparative study of the effectiveness of various methods of early medical treatment using several medications and the previously established controlled procedure of burning. Preliminary research work done by us on identical burns following the same method and procedure showed that aloe vera gel alone was not well suited for continuous dressing of the thermally injured skin and an ointment consisting of lanolin base alone was not effective in the treatment of these experimental burns. Preparations of aloe vera gel and lanolin base and preparations in lanolin base of aloe vera gel and a synthetic protecting and stabilizing colloid compound (preparation S) were tested for effectiveness following the same procedure. The ointment, consisting of aloe vera gel, preparation S, 30% in a special prepared bland ointment base with 5% and lanolin, used in Groups I and II of the following comparative experiments, was found to be most effective in preventing the formation of the microscopic eschar.

Experimental Procedure in the Treated Groups

Twelve albino rabbits were selected for experiments with various medications and divided into four groups of three animals each. The skin of the back of each animal was epilated on both sides over a four by four cm area. Each animal was burned for 2 seconds on both epilated areas using the previously described steel plate with our controlled heating procedure. Each animal was treated on one side only. The other burned area served as a control and was thus available for gross and microscopic comparison. Biopsy specimens were taken from all burned areas at intervals of one-half hour, one hour, two hours, six hours, 24 hours, 48 hours, four days, six days, 10 days, etc., as in the previous experiments.

The first group was treated with Alo-Creme Ointment (now Aloe #1® Youth Derm Relief®)*. The second group was treated with Alo-Creme Ointment containing, in addition to the above mentioned components, 5% cystine. The third group was treated with 1% trinitro-phenol butylaminobenzoate ointment. The fourth group was treated with petrolatum and gauze dressing. In every case the ointment was applied immediately after burning and twice daily thereafter.

Experimental Findings in the Treated Groups

Group I - Treated with Alo-Creme Ointment:

Six hours after burning, the treated area was greyish-white and edematous. After 24

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hours, the treated area was more pliable than the untreated area of the same animal. There was definitely less erythema around the treated burned area than there was around the untreated control area. After 48 hours the untreated area was brown and definitely dryer than the burned area treated with Alo-Creme Ointment. During the following days the treated area remained soft and pliable while the untreated area became harder and dryer. Between the seventh and the fifteenth day, there was slight and continuous superficial debridement of the treated area without gross formation of an eschar, while after two weeks the untreated area showed a large eschar which gradually separated from the underlying tissue. The Alo-Creme treated lesions healed in two weeks without gross evidence of scarring. By the end of the fourth week, the untreated area of the same animal healed with a firm pearly-white scar.

Group II - Treated with Alo-Creme Ointment containing 5% cystine:

During the first week the treated areas were similar to the treated areas of group I. In the second week the debridement appeared to be greater in group II than in group I. The healing process took place without formation of a gross eschar and by the third week the treated areas gradually became softer, more pliable and less edematous.

Group III - Treated with 1% trinitrophenol aminobenzoate ointment:

At 24 hours the treated areas were grossly similar to those of groups I and II. During the next 48 hours the treated area became soft and edematous while the surrounding skin became markedly congested. At the end of the first week the periphery of the treated area showed multiple petechial hemorrhages while the center became white and gelatinous. There was a gradual worsening of the general condition of these animals and none survived the 10th day. Gross and microscopic hemorrhages of the liver and kidneys were found at autopsy.

Group IV - Treated with petrolatum and gauze:

During the first three days there was a gradual development of congestion, edema and focal hemorrhages. By the end of the first week the treated area had gradually changed from grayish white to brown. At this time there were several small abscesses in the skin. During the second week a purulent eschar separated leaving granulation tissue. By the end of the fourth week the treated area healed by the formation of a firm pearly-white scar similar to that of the untreated area of the same animal.

Histopathological Changes in Treated Animals

Group I: Thirty minutes after burn and treatment with Alo-Creme Ointment the epidermis was almost entirely missing and, where still present, formed several vesicles. The upper dermis did not stain as darkly as in the controls. There was no definite perivascular reaction and there were no thrombi evident in the deep dermis (Figure 5). A diffuse edema developed within an hour and a few isolated areas of perivascular reaction were present in the deep dermis at this time. After two hours the dermis showed a slight thermal coagulation as indicated by the stainability of tissue, while in the deep layers of it numerous capillaries appeared congested. At six hours there was not such evidence

of dehydration of the dermis as in the controls. The framework of the collagen fibers showed edema.

After 24 hours there was little evidence of thermal necrosis of the upper dermis and there was no indication that the upper layer of the dermis would dissect from the deeper layers forming an eschar as in the controls and in the untreated animals. At this time the perivascular infiltration was marked and diffuse (Figure 6).

After two days the superficial dermis showed moderate infiltration with polymorphonuclear leukocytes and diffuse congestion and edema. There were no areas of focal necrosis found within the dermis. A slight debridement of the superficial dermis was evident at four days while the texture of the deep dermis was well preserved and the collagen fibers appeared practically normal. The capillaries were free from thrombi. After six days the epidermis showed regeneration from the basal layers in some areas. There was no evidence of thrombosis or necrotic dissection in the dermis. After 10 days the thermally injured dermis still showed some superficial debridement; the fibroblastic activity was increased in all layers of the dermis and numerous vessels showed perivascular round cells infiltration. Active epithelial regeneration was more evident at 12 and 14 days while the texture of collagen fibers of the dermis was more dense than normal. At this time there were no areas of necrosis or enzymatic lysis evident (Figure 7). At 18 days there was definite hyperplasia of collagen in the dermis without evidence of scarring. There were many fibroblasts in the deep dermis and several round cell clusters surrounded the capillaries (Figure 8).

Group II: The microscopic findings in these animals treated with Alo-Creme Ointment containing 5% cystine did not show any appreciable difference from those of Group I during the first 48 hours. However, after four days there was more marked debridement of the upper dermis. at the end of the first week there was hyperplasia of the basal layer of the epidermis. During the second and third week there was intensive fibroblastic activity, some congestion and diffuse collagen hyperplasia in the dermis.

Group III: Marked edema, severe congestion and isolated capillary thrombosis developed during the first six hours. After 48 hours the upper dermis showed dissection from the deeper dermis. After four days there were multiple hemorrhages in the dermis. Capillary congestion and perivascular polymorphonuclear infiltration increased between the fourth and tenth days. At this time there was massive debridement of the superficial layers of the dermis which was infiltrated with polymorphonuclear leucocytes while there was some evidence of fibroblastic activity in the deeper layers of the dermis.

Group IV: The microscopic appearance of the areas treated with petrolatum and gauze was similar to that of groups I and II in the first two hours except that there was more dehydration and isolated capillary thrombi at two hours. After six hours the dermis showed leukocytic infiltration which became abundant after 24 hours. At this time there were many capillary thrombi and the upper layer of the dermis showed numerous dark staining areas of debridement. After 48 hours the microscopic demarcation of the eschar was complete. After one week there was intensive fibroblastic activity underlying the zone of demarcation. At the end of the second week the entire eschar was shredded and debriding in large pieces which were densely infiltrated with polymorphonuclear

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leukocytes. During the third and fourth weeks there was marked collagen hyperplasia, fibroblastic activity and scarring with little regeneration of the epidermis. There was little difference between this group and the controls.

Summary

Gross and microscopic observations in these experiments showed that in deep dermal burns an eschar forms and separates microscopically in 24 to 48 hours and grossly the eschar separates in 10 to 14 days if the skin is not treated with ointment after burning.

The study of the burned skin in the untreated group, showing this clear-cut separation and demarcation, suggests that early treatment should be directed toward the prevention of the changes which produce the formation of the eschar within the first 24 hours.

Group I - Treated with Alo-Creme Ointment:

The skin burned and treated with Alo-Creme Ointment remained pliable and soft during the first week with slight and continuous superficial debridement of the upper dermis and without gross or microscopic separation of an eschar. These lesions healed in two weeks without gross evidence of scarring.

Group II - Treated with Alo-Creme Ointment containing cystine:

Identical burns treated with Alo-Creme Ointment containing 5% cystine, showed during the second week more superficial debridement than observed in animals of Group I. There was no gross or microscopic separation of an eschar and no gross scarring occurred. There was little or no difference between this group and Group I.

Group III - Treated with trinitrophenol ointment:

The appearance of the skin was comparable during the first 24 hours to that observed in Groups I and II. Then these lesions became grossly and microscopically hemorrhagic and the separation of an eschar was evident microscopically at 48 hours. None of the animals survived the 10th day and hemorrhages were found in the skin at the end of the first week.

Group IV - Treated with petrolatum and gauze:

During the first three days there was a gradual development of congestion, edema and focal hemorrhages of the skin area in these burns. Microscopically an eschar to develop and separate during the first 48 hours. By the end of the first week there were numerous hemorrhages and several small abscesses. At the end of the second week the entire dermis was debriding in large masses and the lesions healed by scarring during the third and fourth week.

***Alo-Creme Ointment manufactured by Alo-Creme Laboratories, Fort Lauderdale, Florida**

(see Bibliography on the following page)

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NO TOXICITY REPORT

ACUTE ORAL LD50 TOXICITY STUDY

ALOE GEL FOR ALOE CREME LABORATORIES, INC.

This Clinical Research Report is the sole property of ALOE CREME LABORATORIES, INC., Fort Lauderdale, Florida.

This Clinical Research Study was made by an Independent Testing Laboratory recognized by the FDA and represents positive conclusions and is based on TESTS of the fresh, pure gel of the ALOE VERA (true) Plant, which ALOE CREME LABORATORIES, INC. have been cultivating and formulating into ALOE-MEDICATIONS, ALO-COSMETICS and ALO-SUN SKIN CARE PRODUCTS for over twenty years.

These tests DO NOT apply to the OTHER 179 SPECIES and 2200 VARIETIES of Aloes that are found growing in various parts of the tropics or subtropics, some of which may BE TOXIC.

Each specie or variety should be tested by a FDA recognized Independent Laboratory for toxicity, after which it needs to be tested as to whether it has the same healing ingredients and enzymes and chemical composition as the ALOE VERA GEL, which was tested in this study.

THE ABOVE REFERENCED NAMES WAS PRIOR TO ADOPTING THE PRESENT TRADEMARKS.

THE ABOVE ARE PERSONAL PROPERTIES OF RODNEY M. STOCKTON P.H.D.

CLINICAL RESEARCH ASSOCIATES

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DIVISION OF UNITED STATES CHEMICAL SERVICES CORPORATION
220 EAST 23rd STREET, NEW YORK, N.Y. 10010 - (212) 685-8788

ACUTE ORAL LD50 TOXICITY STUDY
ALOE GEL
for
ALOE CREME LABORATORIES, INC.

August 19, 1974

signed by: Kenneth J. Kohlhof, President

Mr. Rodney M. Stockton
President
Aloe Creme Laboratories, Inc.
5th Avenue & 42nd Street, N.E.
P.O. Box 5847
Fort Lauderdale, Florida 33310

Dear Mr. Stockton:

Following are the results of the experimental procedures conducted for Aloe Creme Laboratories, Inc.

MATERIAL:	Aloe Gel
RECEIVED:	July 19, 1974
EXPERIMENTAL PERIOD:	July 22, - August 12, 1974
EXPERIMENTAL PROCEDURES:	Acute Oral LD50 Toxicity Study

The conclusions in this report are based upon the results of the studies completed August 12, 1974.

This report is submitted for the exclusive use of Aloe Creme Laboratories, Inc.

Yours very truly,
Kenneth J. Kohlhof
President
(signed) KJK:1ge

CLINICAL RESEARCH ASSOCIATES

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METHOD - ACUTE ORAL TOXICITY

A group of approximately 30 albino male and female rats, fasted for twenty-four hours were employed to establish an LD50 range for the product under test.

Young adult rats which had not been used for previous test purposes were assigned to various dose levels at random. Both sexes were equally distributed.

The product under test was placed in a glass syringe and introduced through the esophagus into the stomach with a stainless steel catheter.

Animals on the same dosage level were then placed in a common cage with free access to food and water. The animals were observed daily for a two week period. No postmortem, or histopathology examinations were performed in this particular study.

CLINICAL RESEARCH ASSOCIATES

SCORE SHEET

ALOE GEL

ACUTE ORAL TOXICITY ASSAY

ALOE GEL

EXPERIMENTAL DATA

<u>Dosages:</u> 2.0 cc/Kg.-64.0 cc/Kg.	<u>Animals:</u> fasted male and female albino rats
<u>Concentration:</u> See below	<u>Weights:</u> 200-300 grams

Group No.	No. Animals	Dose Level	Number and Day of Deaths														Total	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	S**	D**
I	5	2.0															5 - 0	
II	5	4.0															5 - 0	
III	5	8.0															5 - 0	
IV	5	16.0															5 - 0	
V	5	32.0															5 - 0	
VI	5	64.0															5 - 0	

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Observations:

The leaves were pared and the flesh was placed in a Waring blender until liquified, then strained prior to dosing.

Animals did not exhibit any symptoms of toxicity; however, increased food consumption accompanied with unusually high weight gain was noted during the observation period.

Behavior patterns remained normal throughout the study.

Equally non-toxic to males and females.

LD0 =	Over 64.0 cc/Kg
LD50 =	Over 64.0 cc/Kg (95% Confidence limits = not established)
LD100 =	Over 64.0 cc/Kg

**D = Deaths

**S = Survival

CLINICAL RESEARCH ASSOCIATES

SUMMARY AND CONCLUSIONS

ALOE GEL

Summary & Conclusion of Toxicity Data Sample: Aloe Gel	Study Performed Acute Oral Toxicity
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Acute Oral Toxicity (single parenteral dose)	Acute Oral LD50 Study - 30 Albino Rats
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Acute Oral LD50 Study:

LD50	95% Confidence Limits
Over 64.0 cc/Kg	Not Established

Federal Hazardous Substances Act Procedure:

Dosage: 5.0 cc or 5.0 gms/Kg

DEATHS: 0

DOES NOT REQUIRE LABELING UNDER THE FEDERAL HAZARDOUS
SUBSTANCES ACT.

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Admiral Frank Voris MD

APPROVES ALOE OINTMENT

Rodney M Stockton was requested by the Federal Government to serve as a "Member of Space Medicine Branch of Aerospace Medical Association" where he served for nine years during the Cold War with Russia. If the Cold war accelerated, the U.S. Government planned to stock pile ALOE OINTMENT in every bomb shelter in the United States.

After I presented a 36 page Research Document to Dr. Barbara Moultons Group of Eight Research Doctors of the FDA, I was called on to present the same Research to the Joint Chiefs of Staff consisting of 35 Medical Doctors. I, Rodney M. Stockton, was later referred to Admiral Frank Voris MD for final approval for Government use. Admiral Frank voris MD promptly approved my ALOE OINTMENT, as it was first tested on Outer Space by one of the Astronauts and highly approved. I was made a member of the Space Medicine Branch Aerospace Medical Association as Dr. Rodney M. Stockton PhD and attended every meeting, always at Admiral Frank Voris's table for 9 years.

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